

# Quick Shots

Idaho Immunization Program

Winter 2004

Volume 2, Issue 1

## QAR, What to Expect This Year

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This past year the Idaho Immunization Program (IIP) visited all 181 VFC private providers located throughout the state. During their visits IIP staff conducted a Quality Assurance Review (QAR) based on the 18 Standards for Pediatric and Adolescent Immunization Practices. They checked chart documentation, storage and handling procedures, as well as assessed general immunization knowledge of staff.

Now that the first round of QAR's has been conducted, the focus has changed slightly for the next round of quality assurance reviews. The IIP staff will continue to focus on the updated Standards for Pediatric and Adolescent Immunization Practices, the updated standards include change

in the number of standards from 18 to 17. Also, a large focus will be last year's Plan of Correction. If you received a Plan of Correction during your last visit (62% of those visited received a Plan of Correction), we hope that you made the corrections outlined in the Plan. IIP staff will be verifying all corrections have been made.

Staff will also be looking at IRIS activities. If you are connected to IRIS, do you use it? If so, how do you use it? Do you get patient information? Do you input patient information? Do you think the information is reliable? Have you ever used it to track patients? If you are not connected to IRIS, why not? Are there time constraints? Do you not have computer access? We want to know this

information so we can make improvements to the system and help you integrate IRIS into your practice. We appreciate all the information you can give us.

This year we need you to help us bring up rates statewide. Currently, Idaho ranks 42nd in the nation with a rate of 69.4%. We now have the systems in place to have a very successful program. Unfortunately, the rates don't yet reflect all the work you have done. We have made great progress, but we need to get everybody up to 90%, and we need your help to do it. Please let us know what we can do to help you achieve this goal.

*-Mary Anne Pace  
IIP QAR Specialist*

## Epidemiology and Prevention of Vaccine Preventable Diseases Broadcast

If you are a physician, nurse, nurse practitioner, physician assistant, public health professional, pharmacist, or colleague who either administers or sets policy for medical offices, clinics,

communicable disease or infection control programs, you don't want to miss this!

This is an opportunity to receive the most current information available in the

constantly changing field of immunizations, FREE! Continuing education credit will be offered for a variety of professions, based on 3 hours of instruction for each of 4

*(Continued on page 3)*

## Change in the Minimum Age of the Last Dose of Hepatitis B

During the October 15-16, 2003 meeting of the Advisory Committee on Immunization Practices (ACIP), the Committee voted to change the minimum age at which the last dose of hepatitis B vaccine can be given to infants. The minimum recommended age is now 24 weeks, a change from the minimum age of 6 months published in the ACIP and AAFP General Recommendations on Immunization (*MMWR* 2002 51 (RR02); 1-36). With this change, the recommendations of VFC

(Resolution 02/03-1) and ACIP are now identical. As with the other vaccines, there is a four day grace period around this dose; therefore, the earliest age at which the last dose of hepatitis B vaccine can be administered is 164 days of age (168 days minus the four day grace period). This change in minimum age for third doses applies to all full-term and pre-term infants regardless of the HBsAg status of the mothers, and is effective immediately. The recommended schedule and the minimum intervals

between doses for infant hepatitis B vaccine series remain the same and practitioners do not need to make any changes in their schedule. The change only applies to the minimum acceptable age for the last dose of the hepatitis B vaccine and will prevent needless repeating of a third dose received just prior to 6 months.

*Contributed by  
-Jeff Kingsbury  
CDC Senior Public Health  
Advisor with the Idaho  
Immunization Program*

ACIP will move  
Influenza  
Vaccination for  
children 6 to 23  
months of age to a  
full recommendation  
beginning October  
2004



## ACIP recommends full influenza vaccination in 2004

ATLANTA — The Advisory Committee on Immunization Practices (ACIP) has voted to move from encouraging vaccine providers to give the influenza vaccine to healthy children 6 to 23 months of age and their close contacts — to a full recommendation beginning in October 2004.

The ACIP has been mulling over the idea of an influenza vaccine recommendation for young children for some time, but the American Academy of Pediatrics (AAP) and the National Immunization Program (NIP) have been hesitant to sign off on the resolution. Last year, the NIP asked for more efficacy and safety data in children 6 to 23 months of age and the AAP said that feasibility issues should be worked out before a full recommendation was passed.

In February of last year the

ACIP voted to approve an encouragement to vaccinate healthy children 6 to 23 months of age and their household contacts. The encouragement was based on studies showing a hospitalization rate among children in this age range second only to individuals 65 and older, for whom there is an annual vaccine recommendation.

The CDC estimates that about 30% of children 1 to 4 years of age will acquire influenza each year and about one per 1,000 will require hospitalization — with a bulk of these cases occurring in the youngest children. As well, "it is no secret that influenza could have neurologic sequelae," according to Stanley Plotkin, MD, currently a medical and scientific advisor for Aventis Pasteur. "There is at least some biologic plausibility for neurologic disease."

The ACIP voted earlier this

year to include influenza vaccine in the Vaccines for Children program, which allows children without insurance to receive the vaccine and removes another obstacle to widespread acceptance.

The recommendation will now go before the AAP and the American Academy of Family Physicians (AAFP) to be included on the harmonized childhood immunization schedule, which is published each year in January. The ACIP has published a temporary schedule at the start of 2004 that does not include the influenza recommendation. However, a second schedule will be published later in the year with the new recommendation, allowing the AAP and AAFP time to gain approval from their various internal advisory boards.

*Adapted from the Journal of  
Infectious Disease in Children,  
November 2003*

## VPD Broadcast (continued from page 1)

sessions. A separate evaluation will be required for each session. For additional information visit the web address below or contact your district Immunization Coordinator.

<http://www.phppo.cdc.gov/phtn>

- **Panhandle Health District:**  
Mareva Kammeyer (208) 667-3481
- **North Central District Health Dept:** Maggi Alsager

(208) 799-3100

- **Southwest District Health:** Jill Eversull (208) 455-5300
- **Central District Health Department:** Cindy Howarth (208) 375-5211
- **South Central District Health:** Lisa Klamm (208) 436-7185
- **Southeastern District Health Dept:** Kelley Tillotson (208) 233-9080

- **District VII Health Department:** Nikki Sayer (208) 522-0310

Broadcast times are 10am –1:30pm (MST) dates are below:

- February 19th
- February 26th
- March 4th
- March 11th

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## Latest Flu Vaccine Administration Guidelines

Health care providers are encouraged to utilize public health guidance on the use of available vaccine. This includes:

1. Placing emphasis on targeting trivalent inactivated vaccine to persons at high risk for complications from influenza: all children aged 6-23 months; adults aged  $\geq 65$  years; pregnant women in their second or third trimester during influenza season; and persons aged  $\geq 2$  years with underlying chronic conditions.
2. Persons at high risk should be encouraged to search locally for vaccine if their usual health-care provider no longer has vaccine available.
3. *All children at high risk, including those aged 6-23 months, who report for vaccination should be vaccinated with a first or second dose, depending on vaccination status. Doses should NOT be held in reserve to ensure that two doses will be available.*
4. Next priority should be given to vaccinating those persons at greatest risk for transmission of disease to persons at high risk, including household contacts and health-care workers.
5. Healthy persons aged 5-49 years should be encouraged to be vaccinated with intranasally administered live, attenuated influenza vaccine.
6. Decisions about vaccinating healthy persons, including adults aged 50-64 years, with inactivated influenza vaccine should be made

on a case-by-case basis, depending on local disease activity and vaccine supply.

Health departments and health-care providers should work together to reallocate influenza vaccine to health-care providers in need when possible. Antiviral medications with specific activity against influenza A viruses are available. These should be considered either for treatment or chemoprophylaxis for influenza A, especially in persons at high risk for complications from influenza.

-Bob Salisbury  
IIP Vaccine Coordinator

All children at high risk, including those aged 6-23 months, who report for vaccination should be vaccinated with a first or second dose, depending on vaccination status.

## Statewide IRIS User Group Meeting

Members of the Idaho Immunization Program will be traveling to the seven regions of the state to host a dinner and discussion group for providers enrolled in IRIS.

This is a chance for providers to ask questions, tell us what is liked or disliked about IRIS, describe to others how IRIS is used in various offices and give

suggestions for improvement. Keep an eye out for your invitation and more information. We look forward to seeing you! We will be in the following locations on the following dates:

- Pocatello –February 18th

- Idaho Falls –February 19th
- Twin Falls –March 3rd
- Caldwell –March 9th
- Boise –March 11th
- Coeur d' Alene –March 17th
- Lewiston –March 18<sup>th</sup>

-Christina Babin  
IIP IRIS Coordinator

# Calendar of Events

## ♦ IRIS User Group Meeting

- ♦ Pocatello- February 18
- ♦ Idaho Falls- February 19
- ♦ Twin Falls- March 3
- ♦ Caldwell- March 9
- ♦ Boise- March 11
- ♦ Coeur d'Alene- March 17
- ♦ Lewiston- March 18

## ♦ Vaccine Preventable Disease Broadcast (VPD)

- ♦ February 19th
- ♦ February 26th
- ♦ March 4th
- ♦ March 11th

## ♦ National Infant Immunization Week

April 26-May 1

## ♦ Shot Smarts

- ♦ April 27th- Boise
- ♦ April 28th- Pocatello
- ♦ April 30th- Coeur d'Alene

## February 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18 Pocatello IRIS	19 Idaho Falls IRIS VPD	20	21
22	23	24	25	26 VPD	27	28
29						

## March 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3 Twin Falls IRIS	4 VPD	5	6
7	8	9 Caldwell IRIS	10	11 Boise, VPD IRIS	12	13
14	15	16	17 CDA IRIS	18 Lewiston IRIS	19	20
21	22	23	24	25	26	27
28	29	30	31			

## April 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
<b>National Infant Immunization Week April 25- May 1</b>						
25	26	27 Boise Shot Smarts	28 Pocatello Shot Smarts	29	30 CDA Shot Smarts	

Embarking on a new year always make you wonder where the last year went! Of course in immunization there is never enough time to reflect on what was accomplished. I thought I would highlight some changes that have occurred recently in the program as well as some upcoming events to watch for in the next year.

The IIP changed one of the most long standing policies in the Vaccines for Children Program this past year. That change centered on vaccine administration charges. In a letter that went out to all VFC providers in November, I notified you that effective January 1, 2004 the vaccine administration fee cap was changing. The cap had always been \$16 per visit, regardless of the number of vaccines administered. The new cap (\$14.34 per dose) is more in line with what private insurers will reimburse. Through the Quality Assurance Reviews that are ongoing, our staff has begun to realize the true costs associated with administering an immunization program, and fortunately, we were able to help you better support your programs financially. This cap really provided flexibility with how you run your program. Many providers have chosen not to increase what they were charging for vaccine administration, while others needed to in order to continue with the program. A follow up memo was sent to all providers letting you know that due to budget constraints, Medicaid will be

unable to change their reimbursement rate, so it will remain \$16 per visit.

When talking about vaccine administration, it is always a good lead into reminding those who participate in the VFC program that the intent of the program is to increase access to needed immunizations. For this reason, the vaccine supplied to your offices as part of the VFC program is free of charge; this vaccine is also to be provided to patients free of charge.

The vaccine, however, is not completely free. In 2003, the Idaho VFC program provided \$10 million dollars worth of vaccine to enrolled providers. Of that total \$179,323.21 was lost due to vaccine wastage, with a large part of that due to temperature incidents. Of the 260 VFC public & private providers throughout the state, we had 28 total temperature incidents. This is a decrease from the previous year and our goal is to continue reducing that number. Vaccine storage and handling continues to be a major focus of our program, with the intent of significantly reducing the amount of vaccine we waste, as well as making sure we provide the most potent vaccine that we can.

In August, the 2002 National Immunization Survey (NIS) results were published. This year the criteria changed for how states are measured. The new goals focus on 90% immunization coverage by

antigen (e.g. DTaP, MMR etc) as well as 80% coverage for the series that includes 4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, and 3 Hib. Idaho's coverage for the series is 69.4% while the national average is 74.8%. Looking back this rate is about where we have been for the last couple of years. See graph on page 6.



While our rates seem to have leveled for the time being, we are still not satisfied with being below the national average. For this reason 2004 will continue to focus education both towards parents and providers. The Idaho Perinatal Program is hosting a legislative dinner and the keynote will be Dr. Lance Rodewald, Director of the Immunization Services Division at the National Immunization Program (CDC). This should be an incredible opportunity for Dr. Rodewald to speak to the legislature regarding important immunization issues. In April, the Idaho Immunization Program will host it's 3<sup>rd</sup> round of Shots Smarts. We are excited to have Dr. Paul Offit from the Children's Hospital of Philadelphia as the keynote. For the past several months, all birthing hospitals throughout the state have been distributing Dr. Offit's video "Vaccines and Your Baby" to all parents of newborn babies. It will be very exciting to hear his perspective on how to educate parents about vaccines and safety.

*(Continued on page 6)*

Total loss of  
vaccine for 2003  
  
\$179,323.21



## Coordinators Corner (Continued from page 5)

This year's immunization media campaign was very successful in increasing immunization awareness. The biggest contributor was the IRIS billboard with the baby in a diaper and the IRIS band-aid on the leg. Research conducted on the campaign, showed that parents were 25% more likely to enroll their child in IRIS after seeing the billboard, and 46% stated that it had a positive impact on getting their child immunized. There is still much work to be done in increasing those numbers, but we have a good start.

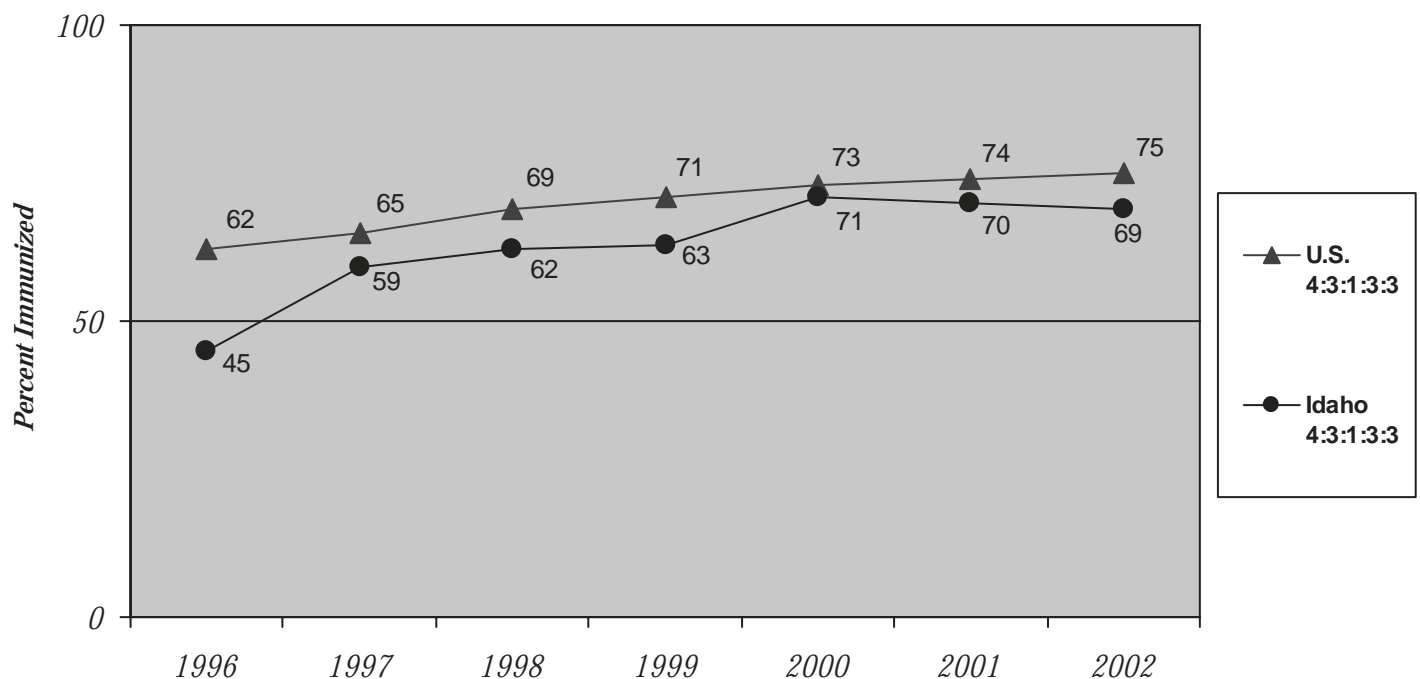
We have had personnel changes in the program as

you may have noticed if you were calling. Janet Jacobs should now be a familiar voice when you call to order vaccine or discuss accountability. Danielle Reader-Jolley who had been with the program for over 3 years left to pursue other career opportunities which tie her very closely to IRIS. Andy Noble has taken Danielle's place as the outreach specialist and has been taken out of Quality Assurance Reviews. His QAR position is currently vacant, although recruitment is currently underway. Mary Anne Pace, QAR specialist, will be taking a three month leave of absence to participate on

a STOP team through the CDC. Mary Anne will be conducting polio and measles surveillance in Niger, Africa. And finally, I am bidding my farewell as the Immunization Program Coordinator. It has been an honor to have worked with so many of you over the past three and a half years. Immunization has always been and will continue to be a passion for me. Thank you for your continued hard work and dedication to this program.

-Traci Berreth  
IIP Program Coordinator

***NIS Estimated Percent Vaccine Coverage  
Children 19-35 Months of Age  
4 DTap, 3 Polio, 1 Measles Containing Vaccine, 3 Hib, 3 Hep B***



Source: National Immunization Survey, National Center for Health Statistics; Assessment Bureau, Data Management Division, National Immunization Program, CDC.

## Disease Spotlight!

New  
Column

Every day  
thousands of

immunizations are given in the United States. These immunizations protect against a host of illness that are seldom seen in the United States. So why do we still immunize against these diseases? That is a question we hear on a daily basis and one that we thought deserved a little more attention. The easy answer is that if we lower our immunization levels the diseases will return. However we thought a more in depth look at some of these diseases might refresh our memory of the need to vaccinate. As part of our effort to continually provide accurate and helpful information Quick Shots will focus on two vaccine preventable diseases each issue.

In lieu of this new column we thought we would start with two diseases, one that is seen frequently this time of year and one that is seemingly a "right of passage" for most children; two disease that we still see frequently, but can cause serious problems. Our first disease topic is Influenza or flu.

### Influenza

Influenza (commonly called "the flu") is a contagious respiratory illness caused by influenza viruses. Infection with influenza viruses can

result in severe illness and life-threatening complications. An estimated 10% to 20% of U.S. residents get the flu each year: an average of 114,000 people are hospitalized for flu-related complications and 36,000 Americans die each year from complications of flu.

### Symptoms of Flu

Symptoms of flu include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Gastro-intestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common among children than adults.

### Spread of Flu

The main way that influenza viruses are spread is from person to person in respiratory droplets of coughs and sneezes. (This is called "droplet spread.") This can happen when droplets from a cough or sneeze of an infected person are propelled (generally up to 3 feet) through the air and deposited on the mouth or nose of people nearby. Though much less frequent, the viruses also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.

A person who is sick with the flu can spread viruses – that means they are contagious. Adults may be contagious from 1 day **before** developing



symptoms to up to 7 days **after** getting sick. Children can be contagious for longer than 7 days.

### Preventing Flu

Vaccination: The single best way to prevent the flu is to get vaccinated each fall. In the absence of vaccine, however, there are other ways to protect against flu. The following steps may help prevent the spread of respiratory illnesses like flu:

- **Avoid close contact**
- **Stay home when you are sick**
- **Cover your mouth and nose**
- **Clean your hands**
- **Avoid touching your eyes, nose or mouth**

### At Special Risk of Complications From Flu

Certain people are at increased risk for serious complications from the flu. This group includes people age 65 years and older and people of any age with chronic medical conditions. Pregnant women and children between 6 months and 23 months of age also are at increased risk from flu complications.

### Complications From Flu

Some of the complications caused by flu include bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children may get sinus problems and ear infections.

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Influenza  
vaccination  
remains the  
cornerstone for  
the control and  
treatment of  
influenza

(Continued on page 8)

## Disease Spotlight! (Continued from page 7)

### Treating the Flu

**Antiviral Medications:** Four antiviral drugs (amantadine, rimantadine, zanamavir and oseltamivir) have been approved for treatment of the flu. All of these must be prescribed by a doctor. Antiviral treatment lasts for 5 days and must be started within the first 2 days of illness.

Our second disease in the spotlight is one that has been dubbed a "rite of passage" for children; that disease is Varicella.

### Varicella

Prior to the availability of varicella vaccine there were approximately 4 million cases of varicella a year in the U.S. Although varicella is frequently perceived as a



disease that does not cause serious illness, especially among healthy children, many health care providers are not aware that 11,000 hospitalizations and 100 deaths occurred every year in the United States before varicella vaccine became available. The majority of deaths and complications occurred in previously healthy individuals. The most common complications from varicella are bacterial infections of the skin and soft tissues in children and pneumonia in adults. Infections may be

severe and include septicemia, toxic shock syndrome, necrotizing fasciitis, osteomyelitis, bacterial pneumonia and septic arthritis. Varicella is a well described risk factor for invasive group A streptococcus infections. Other complications from varicella include cerebellar ataxia, encephalitis and hemorrhagic complications leading to bleeding disorders including disseminated intravascular coagulation.

**Why vaccinate children for what is usually a benign disease? Why not allow children to acquire natural infection and offer vaccine only to susceptible adolescents and adults?** This public health strategy ignores the fact that more than 90% of cases, approximately 60% of hospitalizations and 40% of deaths due to varicella occur in children less than 10 years of age. The majority of this morbidity is preventable by vaccination. In addition, children miss an average of 5-6 days of school when they have varicella and caregivers miss 3-4 days of work to care for their sick children. The majority of adults who acquire varicella, as well as persons at high risk for severe disease who are not eligible for vaccination, contract the disease from unvaccinated children. Cost-benefit studies have demonstrated that when societal costs are considered as well as direct medical costs, \$5.40 is saved for every \$1.00 spent on varicella vaccination in children. Experience with vaccination programs both

in the U.S. and elsewhere, has consistently demonstrated that childhood vaccination programs are much more successful than those aimed at adolescents and adults. Finally, it is not possible to predict which child (or adult) will suffer serious complications from varicella. Now that a safe and effective vaccine is available, it is not worth taking this risk.

**What is "breakthrough" disease?** A breakthrough infection is defined as a case of wild-type varicella that occurs more than 42 days after vaccination following exposure to wild-type virus. A breakthrough infection is usually very mild with mild or no fever; patients typically develop fewer than 50 skin lesions and experience a shorter duration of illness than those with natural infection who were not vaccinated. Breakthrough rate is estimated to be approximately 2% of vaccines per year and does not appear to increase with length of time since vaccination.

**Can someone who has been vaccinated for varicella later develop herpes zoster from the vaccine virus?** Yes. The VAERS rate of herpes zoster after varicella vaccination was 2.6/100,000 vaccine doses distributed (CDC, unpublished data, 1998). The incidence of herpes zoster after natural varicella infection among healthy children aged less than 20 years is 68/100,000

*(Continued on page 9)*



## Disease Spotlight! (Continued from page 8)

person years and, for all ages, 215/100,000 person years. However, these rates should be compared cautiously because the latter rates are based on populations monitored for longer time periods than were the vaccinees. For PCR-confirmed herpes zoster cases, the range of

onset was 25-722 days after vaccination (Merck and Company, Inc., unpublished data, 1998). Cases of herpes zoster have been confirmed by PCR to be caused by both vaccine virus and wild-type virus, suggesting that

some herpes zoster cases in vaccinees might result from antecedent natural varicella infection (Merck and Company, Inc., unpublished data, 1998).

*Information contained in this article has been compiled from the CDC National Immunization Program web site. For additional information please visit [www.cdc.gov/nip](http://www.cdc.gov/nip)*

## Shot Smarts 2004

The Idaho Immunization Program (IIP) will once again be holding regional and local immunization workshops. The 3rd annual regional "Shot Smarts" workshops are just around the corner so mark your calendar:

- April 27<sup>th</sup> Boise
- April 28<sup>th</sup> Pocatello
- April 30<sup>th</sup> Coeur d'Alene

This year the keynote speaker's will be Gloria

Boseman, PHD, RN of the New Jersey City University, and Paul Offit, MD Director of the Vaccine Education Center, and the Henle Professor of Immunologic and Infectious Diseases at the Children's Hospital of Philadelphia. The IIP will also be holding the local workshops, "Booster Shots", the dates and locations of Booster Shots will be announced in February. The purpose of these meetings is to address critical issues, provide

educational materials, share new and current information, and recognize outstanding practices and individuals throughout the state. Watch the mail for your invitation, with all the dates, details, and registration information. We are looking forward to seeing you there!!

-Andy Noble  
IIP Community Outreach

Mark your  
calendars for the  
3rd annual Shot  
Smarts in your  
area!

PIOLO

17 9 22 26

ESSELAM

20 12 7 2 8 27

TAISIBEHPT

15 4 25

BIH

18

MUSMP

21 19 10

BAERULL

5 14 11 3 23

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16 6 24 1 13

1 2 3

4 5 6

5 7 5 8 9 Y

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D 14 15

16 17

18 19 20 21 13 22 Z 23 24 25 26 13 27

## Immunization Double Puzzle

*Unscramble each of the clue words.*

*Copy the letters in the numbered cells to other cells with the same number.*



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

## Idaho Immunization Program

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We are on the web! [WWW2.STATE.ID.US/DHW/IMMUN/IMMUN.HTM](http://WWW2.STATE.ID.US/DHW/IMMUN/IMMUN.HTM)

### Health Department Immunization Contact

#### *District*

1. Panhandle Health District
2. North Central District Health Department
3. Southwest District Health
4. Central District Health Department
5. South Central District Health
6. Southeast District Health Department
7. District VII Health Department

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